DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH STATE OF ILLINOIS, Complainant, v. AVISTON COUNTRYSIDE MANOR, INC., D/B/A AVISTON COUNTRYSIDE MANOR, Respondent.	)))))))))	Docket No. NH 16-S0286

NOTICE OF TYPE "B" VIOLATION(S); NOTICE OF FINE ASSESSMENT; NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS;
NOTICE OF OPPORTUNITY FOR HEARING

Pursuant to the authority granted by the Nursing Home Care Act (210 ILCS 45/1-101 et seq.) (hereinafter, the "Act"), NOTICE IS HEREBY GIVEN:

NOTICE OF TYPE "B" VIOLATION(S)

It is the determination of the Illinois Department of Public Health, State of Illinois, (hereinafter, the "Department") that there has been a failure by Respondent to comply with the Act. This determination is subsequent to a Licensure Investigation conducted by the Department on June 10, 2016, at Aviston Countryside Manor, 450 West 1st Street, Aviston, Illinois 62216. On July 14, 2016, the Department determined that such violations constitute one or more Type "B" violations of the Act and the Skilled Nursing and Intermediate Care Facilities Code, 77 Ill. Adm. Code 300 (hereinafter, the "Code"). The nature of each such violation and sections of the Code that were violated are further described in the Summary of Licensure Violation which is attached hereto and incorporated herein as Attachment A and made a part hereof.

A Type "B" violation may affect your eligibility to receive or maintain a two-year license, as prescribed in Sec. 3-110 of the Act.

A Plan of Correction is required to be submitted by the facility within two weeks from the date the violation notice was sent. Any previous submissions are considered to be comments to the licensure findings and are not eligible as a plan of correction for this notice. Please email the Plan of Correction to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Sammye Geer, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 62761.

NOTICE OF FINE ASSESSMENT

Pursuant to Section 3-305 of the Act the Department hereby assesses against Respondent a monetary penalty of **$2,200.00**, as follows:

Type B violation of an occurrence for violating one or more of the following sections of the Code: 300.610a), 300.1210b), 300.1210d)5), and 300.3240a). The fine was doubled in this instance in

accordance with 300.282i) and j) of the Code due to the violation of the sections of the Code with a high risk designation: 300.1210b), 300.1210d)5) and 300.3240a).

Section 3-310 of the Act provides that all penalties shall be paid to the Department within ten (10) days of receipt of notice of assessment by mailing a check (note Docket # on the check) made payable to the Illinois Department of Public Health to the following address:

Illinois Department of Public Health
P.O. Box 4263
Springfield, Illinois 62708

If the penalty is contested under Section 3-309, the penalty shall be paid within ten (10) days of receipt of the final decision, unless the decision is appealed and stayed by court order under Section 3-713 of the Act.

A penalty assessed under this Act shall be collected by the Department. If the person or facility against whom a penalty has been assessed does not comply with a written demand for payment within thirty (30) days, the Director shall issue an order to do any of the following:

(A) Direct the State Treasurer to deduct the amounts otherwise due from the State for the penalty and remit that amount to the Department.

(B) Add the amount of the penalty to the facility's licensing fee; if the licensee refuses to make the payment at the time of application for renewal of its license; the license shall not be renewed; or

(C) Bring an action in circuit court to recover the amount of the penalty.

NOTICE OF PLACEMENT ON QUARTERLY LIST OF VIOLATORS

In accordance with Section 3-304 of the Act, the Department shall place the Facility on the Quarterly List of Violators.

NOTICE OF OPPORTUNITY FOR A HEARING

Pursuant to Sections 3-301, 3-303(e), 3-309, 3-313, 3-315, and 3-703 of the Act, the licensee shall have a right to a hearing to contest this Notice of "B" Violation(s); Notice of Fine Assessment; and Notice of Placement on Quarterly List of Violators. In order to obtain a hearing, the licensee must send a written request for hearing no later than ten (10) days after receipt by the licensee of these Notices. **Please email the hearing request to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Sammye Geer, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 62761.**

FAILURE TO REQUEST A HEARING WITHIN TEN DAYS OF RECEIPT OF THIS NOTICE WILL CONSTITUTE A WAIVER OF THE RIGHT TO SUCH HEARING.

FINE REDUCTION IF HEARING WAIVED

Pursuant to Sections 3-309 and 3-310 of the Act, a licensee may waive its right to a hearing in exchange for a 35% reduction in the fine. In order to obtain the 35% reduction in the fine, the licensee must send a written waiver of its right to a hearing along with payment totaling 65% of the original fine

amount within 10 business days after receipt of the notice of violation. (Please refer to the Notice of Fine Assessment section on where to send your fine Payment). **Please email the waiver to the following email address: DPH.LTCQA.POCHearing@illinois.gov. If your facility does not have email capabilities then you can mail it to the attention of: Sammye Geer, IDPH, Long Term Care/QA, 525 West Jefferson, Springfield, IL 67261.**

Sherry Barr 6

Sherry Barr
Division Chief of Quality Assurance
Office of Health Care Regulations

Dated this 18th day of July, 2016.

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STATE OF ILLINOIS

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PROOF OF SERVICE

The undersigned certifies that a true and correct copy of the attached Notice of Type "B" Violation(s); Notice of Fine Assessment; Notice of Placement on Quarterly List of Violators; and Notice of Opportunity for Hearing were sent by certified mail in a sealed envelope, postage prepaid to:

Registered Agent:	Leslie Pedtke
Licensee Info:	Aviston Countryside Manor, Inc.
Address:	450 West 1st Street, Box 487 Aviston, Illinois 62216

That said documents were deposited in the United States Post Office at Springfield, Illinois, on the 18th day of July 2016.

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Sammye J Geer
Long Term Care/QA
Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6011340	A. BUILDING: _____ B. WING _____	06/10/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVISTON COUNTRYSIDE MANOR	450 WEST 1ST STREET AVISTON, IL 62216

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)5 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

seven-day-a-week basis:
5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Requirements are not met as evidenced by:
Based on observation, record review and interview, the facility failed to implement interventions to prevent the formation of a pressure ulcer and ensure a dressing was in place for one of five residents (R12) reviewed for pressure ulcers in the sample of 15. This failure resulted in R12 developing a facility acquired Stage III pressure ulcer to her sacrum.

Findings include:

R12's Physician's Orders (PO) for 6/2016 document diagnoses, in part, as Alzheimer's Disease, Cerebral Vascular Disease and Rheumatoid Arthritis. The Minimum Data Set (MDS), dated 4/19/2016, documents R12 is severely impaired with cognition, requires extensive assistance with bed mobility and is occasionally incontinent of urine.

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S9999	Continued From page 2	S9999		

The Braden Scale, dated 2/01/2016 documents R12 is at risk for skin breakdown.

The facility's Weekly Skin Report for 5/08 to 5/14/2016 documents, R12 has a facility acquired on 5/13/2016, Stage II to the sacrum measuring, 1.0 centimeter (cm) by (X) 1.5 cm X 0.1 cm. The interventions documented on the report are pressure relieving mattress and wheelchair cushion. Treatments for the ulcer are documented as wound gel and (foam dressing).

The facility's Weekly Skin Report, dated from 5/22/2016 to 5/28/2016, documents R12 now has a Stage III pressure ulcer to the sacrum, measuring 0.8 cm X 0.6 cm X 0.3 cm. Interventions are documented as pressure relieving mattress and wheelchair cushion. The intervention is Santyl.

A PO for R12, dated 5/23/2016, documents "Keep legs elevated when possible. (Special wound consultant) to consult and treat." The Wound Care Report, dated 5/25/2016, from Z2, Wound Consultant documents, in part, "well nourished 99 year old female, new pressure ulcer, of sacral region, Stage III, 0.8 cm X 0.6 X 0.3 cm X 0.48 cm, minimal necrotic tissue, scant serosanguinous drainage. Complicating factors include fecal and urinary incontinence at times."

On 6/09/2016 at 9:40 AM, R12 was sitting in a recliner in the day area, in a reclined position. On 6/09/2016 at 10:12 AM and 10:30 AM, R12 was sitting in the wheelchair. At 10:47 AM, E16 and E18, Certified Nurses Aides (CNA) transferred R12 from the wheelchair to the toilet. R12 had been incontinent of bladder and smelled of urine. A folded incontinent pad was on top of the pressure relieving cushion resting in the

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wheelchair seat, inhibiting the pressure relieving effect of the cushion. R12 had no dressing to the sacral area. After toileting, R12 was transferred back to the wheelchair and taken into the dining room for lunch at 10:52 AM.

On 6/09/2016 at 1:29 PM and 1:40 PM, R12 was in bed turned to the right side with a pillow behind her back. The head of the bed was elevated 30 degrees and her lower extremities were raised with a vinyl covered foam lift cushion. There were no side rails on R12's bed. At 1:41 PM, E19, Licensed Practical Nurse, (LPN) and E4, LPN assisted R12 to turn further to the right side. There was no dressing to R12's sacral area. R12 could not reposition herself. At that time, E19 reported R12 should have had a dressing to her pressure ulcer. E19 stated, "I don't know what happened to it. It looks about the same as last week." A small open area was on R12's sacral area.

On 6/09/2016 at 1:50 PM, E4 stated, "I don't know how (R12) got the wound."

On 6/10/2016 at 9:00 AM E2, Director of Nursing (DON) reported R12 likes to lay on her back.

R12's Care Plan, dated as revised on 5/24/2016, documents, in part, "I have a pressure ulcer on my coccyx related to immobility. Date initiated: 5/23/2016. I need extensive assistance of 2 staff to turn/reposition at least every 2 hours. More often as needed or requested. I require the bed as flat as possible to reduce shear. When I need the head of the bed to be elevated, elevate the foot of the bed as well to prevent me from sliding. Instruct me to shift weight in W/C (wheelchair) every 15 minutes. Place a pressure reducing cushion on the w/c seat. Place a pressure

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S9999	Continued From page 4 reducing mattress on my bed. Date initiated: 5/23/2016." R12's Care Plan fails to document any refusal or noncompliance with turning or repositioning. R12's Nurses Notes for May and June 2016 has no documentation of refusal to off load pressure to the sacral area when attempted or asked. The facility's Pressure Ulcer policy and procedure, dated 8/1997, documents, in part, "A resident who enters the facility with or without (even when the individual's clinical condition demonstrates that they are unavoidable) pressure ulcers will be assessed, and given treatment to prevent the development of ulcers or treated to prevent further development of ulcers. The intent of this policy is to provide assessment and treatment of a resident to prevent the resident from developing a pressure ulcer; unless clinically unavoidable. The facility will provide care and services to: Promote the prevention of pressure ulcer development." (B)	S9999		